

<i>SERFF Tracking Number:</i>	<i>MWAM-126368057</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Modern Woodmen of America</i>	<i>State Tracking Number:</i>	<i>44604</i>
<i>Company Tracking Number:</i>	<i>2505-AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Simple Application for Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Simple Application for Life Insurance/SIMPLE APP</i>		

Filing at a Glance

Company: Modern Woodmen of America

Product Name: Simple Application for Life Insurance

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: MWAM-126368057

SERFF Status: Closed-Approved-Closed

Co Tr Num: 2505-AR

Author: Krista Collins

Date Submitted: 01/18/2010

State: Arkansas

State Tr Num: 44604

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/20/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 05/01/2010

State Filing Description:

General Information

Project Name: Simple Application for Life Insurance

Project Number: SIMPLE APP

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/20/2010

Deemer Date:

Submitted By: Krista Collins

Filing Description:

RE: 2505-AR Simple Application for Life Insurance

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: In process of submitting to domicile state

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/20/2010

Created By: Krista Collins

Corresponding Filing Tracking Number:

Modern Woodmen of America, an Illinois domiciled fraternal benefit society, is submitting the application listed above for review and approval. The form is new and will not replace any prior form. The application form will be completed by agents. We will begin using this form on or after May 1, 2010 but not before approval by your state.

The submitted application will be used to apply for individual term and whole life contracts that we are currently issuing

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or develop in the future. The underwriting on this application will be limited.

The application form will be completed by an agent either in paper form or in electronic form on the agent's laptop. Output from the paper and electronic versions of the form will be the same and the forms will share the same form number.

Section 2 lists currently available products and payment options. Variable text is indicated with [brackets].

Slight variations in font and formatting may occur during reproduction of the form.

Please contact me if you need additional information regarding this submission.

Sincerely,

Krista Collins
Compliance Analyst
Modern Woodmen of America

Company and Contact

Filing Contact Information

Krista Collins, Compliance Analyst
1701 1st Avenue
Rock Island, IL 61201
krista.collins@modern-woodmen.org
309-793-5535 [Phone]
309-793-5508 [FAX]

Filing Company Information

Modern Woodmen of America
1701 1st Avenue
Rock Island, IL 61201
(309) 793-5535 ext. [Phone]
CoCode: 57541
Group Code: -99
Group Name:
FEIN Number: 36-1493430
State of Domicile: Illinois
Company Type: Fraternal Benefit Society
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 application * \$50.00

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<i>Per Company:</i>	<i>No</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Modern Woodmen of America	\$50.00	01/18/2010	33604657

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/20/2010	01/20/2010

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Disposition

Disposition Date: 01/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MWAM-126368057	State:	Arkansas
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Product Name:	Simple Application for Life Insurance		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Simple Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: 2505-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2505-AR	Application/ Simple Application Enrollment for Life Insurance Form	Initial		50.200	2505-AR Simple Application for Life Insurance.pdf

800.447.9811 • www.modern-woodmen.org

Section 4 – Proposed Insured's Information

Please read and answer each question carefully.

Note: Misstatement of an answer to any question could result in the rescission of the insurance certificate.

1. Proposed insured's: Height _____ Feet _____ Inches Weight _____ Lbs.

- | | <u>Yes</u> | <u>No</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 2. In the past 2 years has the proposed insured been diagnosed or treated by a medical professional for a terminal illness; confined to a hospital, hospice, nursing home, mental health or assisted living facility; or been prescribed blood thinners, immunosuppressants or steroid medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If older than age 10, is the proposed insured currently using oxygen or receiving assistance from another person or a supportive device to perform daily activities such as bathing, dressing, eating or walking? For ages 10 and under, check no to the right. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the proposed insured been advised by a medical professional to have any test, surgery, treatment or further medical evaluation that has not been performed or does he/she have any medical test pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the past 7 years, has the proposed insured: | | |
| a. Used illegal drugs; received or been advised to seek counseling or treatment for the use of alcohol or drugs; or been imprisoned, on parole or probation, or convicted of a felony or DUI/DWI? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Been treated, prescribed medication or diagnosed by a medical professional for Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); Alzheimer's disease or dementia; attempted suicide; cancer; Chronic Obstructive Pulmonary Disease (COPD); diabetes; mental illness or disorder; blockage or hardening of the arteries or veins; paralysis; Parkinson's Disease; stroke; or any disease or disorder of the brain, heart, kidneys or liver? | <input type="checkbox"/> | <input type="checkbox"/> |

If any question on this page is answered yes, stop and complete "Application for Life Insurance."

Section 5 – Signature

Authorization to Obtain Information – I authorize any: insurance company; prescription services; Medical Information Bureau; business associate; or other person or entity to give Modern Woodmen of America, any and all such information described below about me or any child proposed for coverage.

Types of Information Requested – The information that may be disclosed is data that relates to: the age; physical condition; prescription authorization; and health history of me or any child proposed for coverage.

Use and Disclosure – I understand that the information obtained by use of this Authorization will be used by Modern Woodmen of America to determine eligibility for insurance coverage or for benefits thereunder for myself or any child proposed for coverage. I understand that the information obtained pursuant to this Authorization will not be disclosed by Modern Woodmen of America to any person or entity other than persons who need such information in order to perform professional, business or insurance functions for: the Society; its agents; the Medical Information Bureau; or other insurance companies to whom application coverage or to whom a claim for insurance benefits has been made on behalf of myself or any child proposed for coverage, except as otherwise required by law or as I may otherwise authorize.

- I acknowledge that I have received a copy of the Notice to Applicant and that I may have a copy of this Authorization upon request.
- I agree that a photo copy of this Authorization shall be as valid as the original. I understand that this Authorization shall be valid for two years from the date shown below.
- I understand that my agent represents Modern Woodmen of America, provides services to members on behalf of Modern Woodmen of America and that Modern Woodmen of America pays a commission for these services.

Notifications:

If this application is approved, Modern Woodmen of America will issue an insurance certificate on the life of the proposed insured. The answers to questions in this application are considered material to the accurate assessment of the health of the proposed insured.

Misstatement of an answer to any question could result in the rescission of the insurance certificate. Federal law requires all financial institutions to obtain, verify and record information that identifies each applicant.

Signature:

Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing false, deceptive, incomplete or misleading statements, may be guilty of a crime. Under penalties of perjury, I certify that the social security number given for the proposed insured and adult applicant is the correct number for that individual as issued by the Social Security Administration. By signing this application, I represent that the statements and answers in all parts of this application are true and complete to the best of my knowledge and belief and I agree that:

1. All such statements and answers shall be the basis of any insurance issued.
2. No insurance shall take effect unless and until:
 - a. This application has been approved and the insurance certificate issued during the lifetime of the proposed insured; and
 - b. The full initial premium is received at the Modern Woodmen of America Home Office.

INITIAL AMOUNT PAID WITH APPLICATION: (Check one)

- ☐ No Money – I have paid no amount with this application.
- ☐ Check – I have paid \$ _____ with this application and received a Simple Application Conditional Receipt.
- ☐ ABC / EFT - I have authorized a draft of \$ _____ from my specified account for the initial premium.

###

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO: MODERN WOODMEN OF AMERICA – DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Signed in _____ on _____
State Month – Day - Year

I have reviewed the answers before signing this application.

X _____
Signature of Proposed Insured/Applicant

Agent – to the best of your knowledge, does the proposed insured have any existing life or annuity contracts? Yes ☐ No ☐
Is any insurance with Modern Woodmen of America or any other insurer being replaced? Yes ☐ No ☐

X _____
Agent/Registered Representative signature plus printed name

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Flesch Certification attached Attachment: FLESCH certification 2505-AR.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This is an application filing only. Application is attached to the Form Schedule Tab. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: 2505 Statement of Variability.pdf		

CERTIFICATION OF FLESCH SCALE READABILITY

RE: Form 2505 Simple Application for Life Insurance

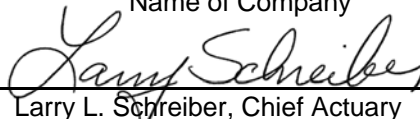
MODERN WOODMEN OF AMERICA, Rock Island, Illinois does hereby certify that the form(s) listed below is (are) greater than or equal to the minimum reading ease test score of 50.

Certificate Form	Average Words per Sentence	Average Syllables Per Word	Score
2505 Simple Application for Life Insurance	6.2	1.78	50.2

MODERN WOODMEN OF AMERICA

Name of Company

By:


Larry L. Schreiber, Chief Actuary

January 15, 2010

Date

Modern Woodmen of America

Statement of Variability

Form: 2505

This Statement of Variability defines the variable items indicated with [brackets] on the submitted form. Modern Woodmen of America may vary the items indicated below for all new issues going forward in a uniform and non-discriminatory fashion.

Form: 2505 Simple Application	
Page #	Variable Content or Range
Page 1	Section 2 lists currently available products and payment options. The options will change as new products are introduced.